

JJB

DOGM

m/015/061

July 25, 1995

- **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

MIKE SHAW, CASHIER  
UTAH INDEPENDENT BANK  
55 S STATE  
SALINA UT 84654

4. Article Number

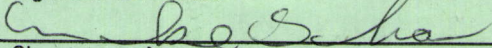
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Type of Service:

- |   |  |
|---|--|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                           |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                               |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt<br>for Merchandise |

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature = Address

X 

6. Signature — Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if  
requested and fee paid)

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



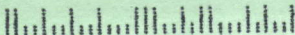
PENALTY FOR PRIVATE  
USE, \$300

**RETURN  
TO**



Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH  
NATURAL RESOURCES  
OIL, GAS, & MINING  
8 TRIAD CENTER, SUITE 350  
SALT LAKE CITY, UTAH 84180-1203



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**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

*(See Reverse)*

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M/015/061

7/25/95

Sent to **MIKE SHAW, CASHIER**  
**UTAH INDEPENDENT BANK**

Street and No.

**55 S STATE**

P.O., State and ZIP Code

**SALINA UT 84654**

Postage

\$ **32**

Certified Fee

**1.10**

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing  
to whom and Date Delivered

**1.10**

Return Receipt showing to whom,  
Date, and Address of Delivery

TOTAL Postage and Fees

\$ **2.52**

Postmark or Date

